

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date _____

Receipt No. _____

Application Fee \$33.00 Non Refundable
Certificate Fee is Based on square footage

Cashier=s No. _____

INFORMATION ON PROPOSED BUSINESS	1. Premise Address _____ Suite/Room No _____	
	2. Business Telephone No. _____ Fax No. _____ Lot _____ Square _____	
	3. Trade Name of Business _____	
	4. Is Business Incorporated? Y/N _____ Partnership? Y/N _____ Sole Proprietor? Y/N _____ New/Existing _____	
INFORMATION ON OCCUPANCY	5. Corporate Name _____	
	6. President _____ Vice President _____ Secretary _____	
	7. Sole Proprietor _____	
	8. Business Owner=s Mailing Address _____ phone # (daytime) _____	
INFORMATION ON OCCUPANCY	9. Ownership Change _____ Partial Occupancy _____ New Bldg. _____ Use change _____ Load Change _____ B.Z.A No. _____	
	10. Proposed Use of Premises _____	
	11. Prior Use of Premises _____	
	12. Proposed Occupancy Load _____ Square Feet Occupied _____	
INFORMATION ON ENTIRE BUILDING	13. Floors to be Occupied _____ Basement ? Yes No	
	14. Is this Business Sexually Oriented according to the DC Zoning Regulations ? Yes No	
	15. Building Owner _____ Telephone No. _____	
	16. Building Owner=s Address: _____	
ATTESTATION & SIGNATURE	17. Square feet _____ Numbers of floors _____ Basement _____	
	I certify that all of the statements on this application are true to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia.	
	18. Owner of Business _____ Signature _____ Date _____	
	If Authorized Agent for owner of Business (Attach Authorization)	
SIGNATURE	19. Agent@s Name _____ Date _____	
	Print Clearly _____ Signature _____	
	20. Agent=s Address _____	

NOTICE

**TO REPORT WASTE, FRAUD OR ABUSE BY ANY D. C GOVERNMENT OFFICE OR OFFICIAL,
CALL THE INSPECTOR GENERAL AT 1 - 800 - 521 - 1639. ALL CALLS ARE CONFIDENTIAL**

OFFICE USE ONLY

ADDRESS Premise Address _____ Suite/Room No _____

Zone _____ Overlay District **Y / N** B.Z.A. No: _____ B.Z.A. approved date _____

ZONING Prior Use _____

DIVISION

Date of Last Certificate _____ Last Certificate No. _____ Prior B.Z.A No _____

Accepted for filing by _____ Date _____

Use Change Yes No Inspections Required Yes No. By _____ Date _____

Building Permit Required Yes No By _____ Date _____

EXAMINERS

USE

Inspection Fee \$ _____ **Issuance Fee \$** _____ By _____ Date _____

Approved for Issuance by _____ Date _____

Date of scheduled Certificate of Occupancy inspection _____

C of O

Inspection Status Approved Disapproved By _____ Branch _____ Date _____

INSPECTION

Inspector=s Signature _____ Printed Name _____

Reason for Disapproval _____

Approved Denied Canceled By _____

Reason for Denial/Cancellation _____

C of O

APPROVAL

If Approved, Certificate of Occupancy No. _____ Date of Issuance _____

Bldg _____ Electric _____ Plumbing _____ Fire _____ Zoning _____

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
941 North Capitol Street, N.E., Suite 2100
Washington, D.C. 20002

APPLICATION INSTRUCTIONS AND GENERAL INFORMATION
FOR CERTIFICATE OF OCCUPANCY CERTIFICATES

GENERAL INFORMATION

"A Certificate of Occupancy (C of O) does not take the place of any license that may be required. For information about license requirements, visit dcra.dc.gov, call the Business License Center at 442-4311, or visit the Center at 941 North Capitol St NE."

THE APPLICATION FILING FEE IS NOT REFUNDABLE

APPLICATION INSTRUCTIONS

Lines 1 thru 18 Lines 1 thru 18 asks information about the proposed business/occupancy. Please be very detailed in the information you provide. Indicate N/A (non-applicable) for items that do not apply.

Lines 1 thru 20 Please make sure that the signatures, dates , telephone numbers and all information are legible.

Line 1 Please do not use abbreviations for street names. Be sure that you indicate the correct quadrant and show the zip code.

Line 4 If your business is incorporated verification is required from the Corporation Division.

Line 5 List name of corporation if business is incorporated.

Line 6 List members of a partnership when applicable. Corporation officers names as well as members of a partnership should be noted on line 6. Certificate will be issued to the Corporation or Owner.

Line 9 Applicants must identify the filing status of the application by checking (/) one or more of the boxes shown, if the following items are applicable:

Ownership Change: Check this box if you have recently obtained ownership of the business

Occupancy Use Change: Check this box if you changed the previous use of the premises. ***Please note that applicants who have changed the previous use of a premise must have at the time of filing the C of O application proof, that construction or renovation work has been approved by producing a building permit and/or final inspection approval form. You may call the Records Management Branch for more specific information at 442-4480 about all issued permits.***

Occupancy Load Change: Check this box if you undertake changes such as the number of occupants in a rooming house, community residential facility, boarding house, the number of units in an apartment, hotel or motel, number of classrooms, students, seating capacity in a restaurant, etc.

Partial Occupancy: Upon request from the holder of a building permit, a temporary certificate of occupancy may be issued for part of the building before completion of the entire work covered by the permit, ***provided such part can be occupied without endangering life, public safety or welfare. If you desire to occupy a portions of a premises under construction check this box.***

New Building: Check this box if you have recently constructed a new building and now desire to occupy the premises. You are required to show proof that construction or renovation work was approved by producing a Permit Work/Occupancy Form. (See Occupancy Use Information.)

Board of Zoning Adjustment:: Check this box if you have appeared before the Board of Zoning Adjustment to obtain a variance or special exception. Indicate the B.Z.A. case number assigned.

- Line 10** In identifying the proposed use of your building or premises please be as detailed as possible about the type of operation, special equipment used, ages of kids and number of staff in any facility, etc.
- Line 11** Be as detailed as possible about the prior use of the premises as described in Line 10 A copy of an existing C of O certificate is extremely helpful.
- Line 12** Denote the number of roomers, residents in a community residential facility, boarders in a boarding house units in apartment, hotel, motel, seating capacity, etc.
- Lines 18 thru 20** If an agent is submitting an application on behalf of the owner the application must be supported with a completed Owner Authorization Form signed by the Business Owner and notarized by a Licensed Notary Public. Authorization Forms can be obtained at 941 North Capitol Street, N.E., Suite 2300, Washington, D.C. 20002, Permit Intake Center.